

Announced Care Inspection Report 3 October 2018



Pauline Taylor Dental Surgery

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 34 High Street, Draperstown, Magherafelt, BT45 7AA
Tel No: 028 7962 7677
Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



In respect of dental practices for the 2018/19 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

2.0 Profile of service

This is a registered dental practice with four registered places.

3.0 Service details

Organisation/Registered Person: Pauline Taylor Limited Responsible Individual: Mrs Pauline Taylor	Registered Manager: Mrs Pauline Taylor
Person in charge at the time of inspection: Mrs Pauline Taylor	Date manager registered: 06 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Action/enforcement taken following the most recent inspection dated 21 June 2017

The most recent inspection of Pauline Taylor Dental Surgery was an announced care inspection. The completed Quality Improvement Plan (QIP) was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 21 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time	The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff, contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: It was confirmed that one new staff member has commenced work in the practice since the previous inspection. Review of the identified	

	staff members personnel file evidenced that all recruitment records as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. Since the previous inspection a recruitment checklist has been developed. Discussion with Mrs Taylor and the practice manager confirmed that they are fully aware of the recruitment documents to be retained in respect of all staff recruited in the future.	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 13.2 Stated: First time	A weekly protein residue test should be undertaken in respect of the DAC Universal and records retained in the machine logbook.	Met
	Action taken as confirmed during the inspection: Discussion with a dental nurse and review of documentation evidenced that a weekly protein residue test is undertaken in respect of the DAC Universal. Templates are used to record results of periodic tests. A discussion took place in regards to recording the details of the machine on each template.	

5.0 Inspection findings

An announced inspection took place on 03 October 2018 from 10:00 to 12:20.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mrs Pauline Taylor, responsible individual, a practice manager who is a registered dental nurse and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Mrs Taylor and the practice manager at the conclusion of the inspection.

5.1 Management of medical emergencies

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was during June 2018. Mrs Taylor and the practice manager also completed a first aid course during May 2018.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.2 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas was clean, tidy and uncluttered.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

A review of the most recent IPS audit, completed during September 2018, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Mrs Taylor confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues.

The audits are usually carried out by the practice manager who confirmed that the findings of the audit and any learning from the audit is shared with staff at the time and also discussed during subsequent staff meetings. It was suggested that all clinical staff could contribute to the completion of the audit which will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.3 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfector, a DAC Universal and four steam sterilisers have been provided to meet the practice requirements. The equipment used in the

decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. Results of periodic tests are recorded on templates developed by the practice and retained in files dedicated to a specific machine. A discussion took place in regards to recording the details of the machine on each page to ensure the machine the periodic test results relate to is easily identifiable.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has four surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Mrs Taylor as the radiation protection supervisor (RPS) was aware of the most recent changes to the legislation surrounding radiology and radiation safety. Review of records evidenced that a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. Mrs Taylor regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA demonstrated that any recommendations made have been addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

All dentists take a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.5 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mrs Taylor and the practice manager.

5.6 Patient and staff views

Seventeen patients submitted questionnaire responses to RQIA. Sixteen patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Sixteen patients indicated that they were very satisfied with each of these areas of their care. One patient indicated that they were very unsatisfied with each areas of their care; this patient questionnaire did not include any comments.

Comments included in other patient questionnaires are as follows:

- “Very happy with treatment and service we as a family receive”.
- “Professional, clean and friendly environment”.
- “I along with all members of my family are long standing patients of this practice. We find it to be excellent in every aspect from care, treatment, helpful and pleasant staff, to a calm and reassuring environment at all times”.
- “Very satisfied with my treatment. Also my son who has special needs and having difficulty attends this surgery and the staff are so kind and understanding makes visiting the dentist a positive experience”.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA. Mrs Taylor advised that some staff had informed her that they tried to complete and submit an electronic questionnaire; however the system would not allow them to do so. This issue has been shared with the appropriate person within RQIA.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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